



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/9/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

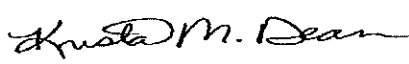
PRODUCER Altus Partners, Inc 919 Conestoga Road Building 3, Suite 111 Rosemont PA 19010	CONTACT NAME: Krista Dean PHONE (A/C, No, Ext): (610) 526-9130 E-MAIL ADDRESS: certificates@altuspartners.com PRODUCER CUSTOMER ID #: 00000042	FAX (A/C, No): (610) 526-2021
	INSURER(S) AFFORDING COVERAGE	
INSURED Maxim Healthcare Services, Inc. 7227 Lee DeForest Drive Columbia MD 21046	INSURER A: Lloyd's of London	
	INSURER B: ACE American Ins Co.	
	INSURER C: ACE American Ins Co.	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 22667 22667

COVERAGES **CERTIFICATE NUMBER:** 15-16 Healthcare Std+XS **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PH1505206	11/30/2015	11/30/2016	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> \$3,000,000 SIR					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY		H08865450	11/30/2015	11/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		H08865462 (Owned)	11/30/2015	11/30/2016	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					Uninsured motorist combined \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					Underinsured motorist \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	PH1505206	11/30/2015	11/30/2016	EACH OCCURRENCE \$ 7,000,000
	<input type="checkbox"/> DEDUCTIBLE					AGGREGATE \$ 7,000,000
	<input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		C48591358	11/30/2015	11/30/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	C48591383 (OH, WA)			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	C48591346 (CA, MA)			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
			C48591371 (TN)			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		PH1505206 (\$4M SIR)	11/30/2015	11/30/2016	\$4,000,000 per claim / Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Mt Diablo Unified School District is an additional insured on the general liability insurance policy per the written agreement. The General Liability policy includes coverage for sexual abuse & molestation according to policy terms and conditions. The Excess policy provides excess coverage above the \$1,000,000 limit for the Auto and Employers Liability policies.

CERTIFICATE HOLDER Mt Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Krista Dean/KMD 

ENDORSEMENT NUMBER: TWO

ADDITIONAL INSURED SCHEDULE

- Maxim Healthcare Services, Inc.
- Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
- Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
- Maxim Healthcare Systems, LLC
- Maxim Health Systems, LLC
- Maxim Health Systems, LLC d/b/a Maxim Physician Resources
- Maxim of New York, LLC
- Maxim Government Services, LLC
- CareFocus, Inc. formerly known as Carolina Habilitation Services, Inc.
- Maxim Pediatric Services
- Maxim Coding Solutions
- CareMax Medical Resources, LLC
- PHA, LLC doing business as Professional Healthcare Associates
- Carolina Habilitation Services, Inc.
- Maxim Respite Services
- SNI Healthcare Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as Preston House
- Max's House
- Maxim Home Health Resources, LLC
- Maxim Home Healthcare, Inc.
- NSI Home Health Services, Inc.
- Centrus Premier Home Care, Inc.
- Terra-Maxim Joint Venture No.1, LLC
- Maxim Habilitation Services, LLC
- Logix Healthcare Search Partners, LLC
- Reflectixion Resources, Inc.
- Reflectixion Resources, Inc. doing business as Reflectix Staffing Services

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ADDITIONAL INSURED SCHEDULE
(continued)

- Reflectix Resources, Inc. doing business as Reflectix Oncology Resources
- Maxim Healthcare Services doing business as Maxim Health Information Services
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- CareFocus Companion Services, LLC
- Care Focus, Inc. doing business as CareFocus Companion Services
- Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
- Maxim Healthcare Services, Inc. doing business as TravelMax
- StaffAssist Workforce Management, LLC
- TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four

- Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four

- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.

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2/25/15